

Course Evaluation Questions rated on a 5-point scale:

5 = Strongly agree 4 = Agree 3 = Somewhat agree 2 = Disagree 1 = Strongly disagree

QUESTIONS

1. The course syllabus clearly stated the expected goals/objectives/ competencies for the course.
2. The course syllabus clearly outlined the grading criteria for the course.
3. The course addressed the competencies as outlined in the syllabus.
4. The course was well organized.
5. Key lecture concepts were frequently summarized for emphasis
6. Adequate class time was provided for questions and related discussion.
7. The course encouraged me to think critically about the content material.
8. The course included explanations or examples that illustrated the clinical relevance of the material presented.
9. Case study assignments were used effectively to deliver course content.
10. In-class presentations and demonstrations were used effectively to deliver course content.
11. The required textbook for this course was an effective learning resource.
12. Supplemental materials (e.g. books, journal articles, videos, online materials) improved my understanding of the subject matter.
13. There were opportunities for formative assessment (e.g., quizzes, discussion questions, practice questions, review questions).
14. Exams accurately reflected course content.

COMMENTS

Please share additional comments and/or suggestions:

- a. Specific strengths of the course
- b. Specific weaknesses of the course
- c. Suggestions for improvement

SPRING 2014 - OMS 6223 Systemic Pathology II
Course Evaluation - Standard Item Analysis Report

Item No	(5 Point) A_Freq%	(4 Points) B_Freq%	(3 Points) C_Freq%	(2 Points) D_Freq%	(1 Points) E_Freq%	(0 Points) F_Freq%	Total Responses	Mean Score	Standard Deviation	Range
1	39	42	12	2	0	0	95	4.24	0.75	1 to 4
2	41	42	9	2	0	0	94	4.30	0.73	1 to 4
3	39	44	10	2	0	0	95	4.26	0.73	1 to 4
4	26	39	24	2	4	0	95	3.85	0.98	1 to 5
5	26	33	26	5	5	0	95	3.74	1.08	1 to 5
6	33	39	17	3	2	0	94	4.04	0.92	1 to 5
7	33	38	14	2	6	0	93	3.97	1.08	1 to 5
8	29	42	19	3	1	0	94	4.01	0.86	1 to 5
9	31	33	21	7	0	2	94	3.87	0.93	1 to 4
10	33	30	21	5	3	2	94	3.84	1.04	1 to 5
11	33	22	23	6	5	4	93	3.65	1.16	1 to 5
12	31	27	18	5	6	7	94	3.54	1.16	1 to 5
13	36	38	14	3	2	0	93	4.11	0.92	1 to 5
14	19	36	25	9	5	0	94	3.59	1.08	1 to 5

OMS 6223 Systemic Pathology II-Course Spring 2014 Comments

1. The women/men/repro test had too many questions that differentiated between A and B (prob. > 20% of the test questions). The "identify this" images are an example of how there is a disconnect with what we are being prepared for and the COMLEX/USMLE. There are no "identify this" images on this test and the fact that 20% of our grade is based on images (there are 10 questions out of 50 that are "identify this").
2. Helped understand pathology.
3. A) Material covered a wide range of topics. B) Class did not necessarily prepare you for depth of test questions. C) Teach how to walk thru a diagnosis versus just regurgitate of material.
4. We have paid 3000 dollars for text books, and I have personally bought hard copies of many of the most used books. When this course switched to Dr. Hayes she said " I don't like the Robbins book you have been using, so I'll get my material from other sources" Her notes are nearly impossible to go through, and most of the information in her Powerpoints and notes is not clear. There is no text to get clarification from. She is pulling her material from the internet and what I believe is a lot of residency level Oncology texts. If you don't understand what her cryptic notes, full of her own personal abbreviations are trying to say, you have no place to figure it out.
5. Well organized course.
6. A) Prepares us well for boards I think.
B) This is the only class that has lectures completely divided between blocks/semesters.
C) If the two instructors could give lectures in at least most of the blocks starting from the first semester of the class that would even things out.
7. I enjoyed the interactive portion of the class. Dr. Myers' seemed to test in a way relevant to future clinical practice and board prep.
8. Was the required textbook helpful in learning the material? really? This has to be the only medical school that teaches pathology from a textbook that they don't even allow the students access to. How is this acceptable?
9. There was a big difference between the powerpoints, quizzes, and test questions from Dr. Myers and Dr. Hayes. This is why we all did so badly on the second test. Also, 1 or 2 student's opinions should not make a decision for the entire class. Dr. Myers would have a much better understanding of how the class truly felt about topics if she would take a turning point vote. Many of our other teachers do this and it is a simple way to get a true representation of how we feel about certain subjects.
10. For this course as well as all of the others, I think it would be more beneficial if material that we are tested on closely reflects the material we have to face when it comes time for board exams. This class sometimes focuses on the minor details that are commonly overlooked when people prepare for the exam because no one feels that the material is that important because it is not in any board review book.
11. The course covered the relevant material, but focused on facts not commonly considered of value. Class times was usually spend reading slides without much discussion.
12. The course really encourages students to think critically about the material. Also, the attention to detail necessary for success on examinations has pushed me to learn the material well. Essay
13. Some ppts are just walls and walls and walls of text. I currently have an A in this course and I just find the course and how she teaches it overall annoying.

14. Too much detail in Dr. Hayes lectures. Everyone is getting lost in the details and not getting the main concepts, we spend too much time learning about little details that won't ever help us in the future (unless we go into path). I would rather go back to the flipped class room, it made me keep up with the information and taught main concepts and clinical presentation. It also allowed students to practice vignette style questions. Dr. Myers tested to see if I knew the concepts and relevant information, I felt that Dr. Hayes wanted to know the tiny little details of her slides.
15. A) I don't think this is a terrible path course, but I honestly can't think of any one strength that stands out
- B) My biggest problem with this course is that the students are treated like we're children. When there is a poor average score on a test, we are chastised and given any and all blame. There is no consideration AT ALL given to the possibility that anyone but the students are even partially at fault. The instructors don't handle criticism well. I will say that sometimes students are very rude in their criticism, but even professional constructive criticism is met with hostility most of the time.
- C) Understand that we, the students, know we make mistakes and underperform sometimes, but also realize that you can make mistakes too and sometimes fault can lie with the instructors as well. A poor test score is almost never purely the fault of one party. Both sides need to be able to see their mistakes and improve on them.
16. Course seems disjointed. Potential for greatness but not achieving quite the standard.
17. I have not been thrilled with pathology this semester. Although I did not get much out of Dr. Myer's tests or presentations last semester, I found that the exams themselves were very fair and representative not only of what we had gone over, but much more importantly they were representative of our COMLEX/USMLE step 1 board examinations. This semester however, the tests were more like pathology boards for a resident. I found the 10 images with no clinical vignette to be absolutely ridiculous. There are NO questions on boards like that. Further, the answer choices were all very similar making it way too difficult for our level of thinking. I appreciate what faculty are trying to do, but I don't know that they always remember what it is like to be in our situation facing step 1 so soon. While it would of course be ideal to know all of the various tidbits and characteristics of each of the bazillion different types of cancers, why are we focusing on that when it is not tested on level 1 COMLEX and USMLE? I think it's very unfortunate that the class that represents 60-70% of our step 1 exam is so poorly organized, and I really do worry that I'm not getting the education that I need to do well on boards. Fortunately the school provided us with the Boards Boot Camp Program, and I know that personally I've learned A LOT more path from BBC that in my pathology class this semester and last. Dolinski will explain something and I'll find myself thinking "how did I not understand that? It's really that simple? Why has nobody told me this before" I feel like faculty simply read from their powerpoints without actually teaching anything, and those powerpoints are way too information dense. I didn't do well on the last examination (but then again, nobody did well on the last examination), but I am certainly not worried about reproductive health on boards as I was scoring in the 85-90% range on both USMLE world and Combank exam banks. I really do think that is more indicative of what boards will be like, and I really wish that all faculty would write boards-relevant examinations.
18. Good course.
19. Cut down on lecture slides

20. A) Exam questions were well written. Made you think
B) ppt format. busy slides
21. Good course. Did not like the switch in professors. One part of the course was targeted to medical school students and the high yield important things for understanding and having a foundation for rotations and residency. The other part focused on topics as if we were pathology residents.
22. This has been my favorite class of medical school
23. Better board prep
24. I think there needs to be a better mixture of exam question difficulty.
25. Please make sure that you have all power points uploaded by the beginning of each block.
26. A) covered important material for boards and practice
C) The presentations are so dense that it borders ridiculous
27. A) Exams did represent what was taught in the course b) This course did not prepare me for my license and did not prepare me to see patients. c) There needs to be better way to teach information in the class. It is appalling that the majority of students feel they need to seek outside lecturers whether it's from board review material or actual recorded lectures from other universities because this class does so poorly in that regard. "Flipped classrooms" and all this other research is more detrimental if not done correctly. The lectures need to be improved, the book is obviously great, the tests represent the material within the ppt's, the ppt's have relevant and good information but the material is complex and progressing more slowly on various subjects an actually lecturing would be more helpful.
28. Cut out the unnecessary details.
29. A) Focused on relevant material needed for success on boards, gave adequate amount of time to prepare for an exam, accommodates student concerns and preferences
B) the abrupt change in course delivery. I was not prepared for the different learning and teaching methods that changed.
C) make Big Robbins available on vital source and include little Robbins as a supplemental book. Also include different supplemental books since the lectures draw from many different sources. I didn't find everything I needed from one particular book but needed to consult at least 4-5 different books to read about everything.
30. Strengths --> we should be pathologists by the time we finish the semester. Specific weaknesses --> There is so much detail... Goes well beyond the scope of our pathology book and all of my Board preparation books. If I wanted to grasp all of the details of this class, I wouldn't have time for our other classes
31. This course is one of the most essential courses of medical education and the most difficult to teach and understand. I feel faculty are very knowledgeable and the correct individuals to teach this course. However, of my classes I feel it is the most disorganized conceptually. When I look back at the fall, prior, semester. The way this semester is taught is completely different from previous semesters. With there being a new professor, that is completely acceptable. First and foremost, the amount of material is voluminous, too much to cover within the given time. The details expected of us are unrealistic and the exams, especially the first, seems to be more of a word game (e.g. can you remember what I said on slide 42 third line). The fact that multiple organ systems are covered in one block makes the curriculum even more difficult (e.g. muscle and skin). Though the two have some overlap, the amount of information required for us to

know is at times unrealistic. Breaking concepts into smaller fragments makes things more digestible. Dividing skin and muscle in to two different units allows it to be absorbed. With that being said, spending more time on the pathophysiology has helped in trying to understand the disease processes. If I were to retake this course, I would like to be directed to more ancillary and supplementary sights, beyond pathoma and rapid review.

32. I like pathology overall and thus enjoy the lectures in this class. This class could be organized a little better but overall it is one of the better classes we have.
33. Very well-organized course with excellent instructors.
34. Sometimes I wonder if the professors know we have board exams at the end of the year? We had a 120 slide power point over skin which is one of the most low yield topics on the boards. I understand that teachers don't like teaching for tests but let's not pretend that boards are not happening for us. The detail we had to learn skin, bone, and muscle was really just overboard. It makes me a bit upset that we're constantly told how much white time we have but we really don't. Professors see white time and think they need to fill it with nonsense. We have at least COMLEX at the end of the year and some of us have USMLE. You want the school to look good? Let us study for it, or at least teach somewhat to the topics we're going to be tested in. I'm saying this for all the classes. If the class average is low it's not all 100 of us' fault. It's yours. Please stop yelling at us over it and take a look at what you might be doing wrong. Please stop yelling at us at all. It's obnoxious. We're all adults here. I realize I'm looking at a lot of hours of getting yelled at next year but this is not rotations, and it's not your job to prepare us for it. is it that other schools can pull off integrating classes but this school can't? Just ask them how they do it! It's like if every person had to reinvent the wheel every time they wanted a car. Our integrated is a joke. I have to think about who might have written a question and what they might want. That's a sad way for me to approach tests. I don't understand how a textbook can cover everything discussed in 2 pages but we're given 100s of slides of information? We're not all going to be pathologists. I understand it's something you're interested in but come on.
35. Dr. Hayes has challenged us to gain a broad understanding of pathology, which will benefit us as we continue our education and in our future careers.
36. A strength of the course - doing practice questions helped exam performance.

Faculty Evaluation Questions rated on a 5-point scale:

5 =
Strongly agree

4 =
Agree

3 =
Somewhat agree

2 =
Disagree

1 =
Strongly disagree

QUESTIONS

1. Begins and ends class sessions on time.
2. Overall, effective as an instructor.
3. Effectively communicates subject matter through use of well-organized lectures.
4. Effectively engages students in case-based discussions.
5. Effectively emphasizes key learning points.
6. Paces instruction according to the complexity of the material.
7. Effectively organizes delivery of the material in a manner that is focused and succinct.
8. Effectively uses in-class demonstrations and/or clinical examples.
9. Is responsive to student questions and interactions during class.
10. Encourages critical thinking and analysis during class sessions.
11. Demonstrates courtesy and respect for students.
12. Is accessible for help outside of class during office hours or by appointment.
13. Seems to care about students' learning.
14. Demonstrates enthusiasm for the subject.

COMMENTS

Please share additional comments and/or suggestions:

- a. Specific strengths of the instructor
- b. Specific weaknesses of the instructor
- c. Suggestions for improvement

SPRING 2014 - OMS 6223 Systemic Pathology II
Faculty Evaluation - Standard Item Analysis Report for Tanisha Hayes

Item No	(5 Point) A_Freq%	(4 Points) B_Freq%	(3 Points) C_Freq%	(2 Points) D_Freq%	(1 Points) E_Freq%	(0 Points) F_Freq%	Total Responses	Mean Score	Standard Deviation	Range
1	39	32	10	7	5	0	93	4.00	1.15	1 to 5
2	24	31	24	8	6	0	93	3.63	1.14	1 to 5
3	23	27	26	11	6	0	93	3.54	1.17	1 to 5
4	33	33	16	9	2	0	93	3.92	1.05	1 to 5
5	28	23	25	9	7	0	92	3.61	1.22	1 to 5
6	27	25	22	12	6	1	93	3.60	1.21	1 to 5
7	23	22	21	17	10	0	93	3.33	1.31	1 to 5
8	29	37	16	3	6	1	92	3.88	1.09	1 to 5
9	43	33	12	3	1	0	92	4.24	0.88	1 to 5
10	37	31	16	5	4	0	93	3.99	1.08	1 to 5
11	42	33	9	5	4	0	93	4.12	1.07	1 to 5
12	44	30	8	3	0	8	93	4.35	0.76	1 to 4
13	47	30	11	3	2	0	93	4.26	0.94	1 to 5
14	51	29	8	3	2	0	93	4.33	0.92	1 to 5

Total Number of Students that took the Survey: 96

OMS 6223 Systemic Pathology II-Hayes Spring 2014 Comments

1. Be your own teacher! Don't let other teachers that don't have your potential affect your spirit or mannerisms! Don't listen to her/him
2. Thanks for being one of the only professors that actually ends on time :) Also, thanks for your positive attitude and for believing in us. Helps me study harder when I don't feel like everyone thinks I'm stupid.
3. Thank you Thank you Thank you Thank you Thank you for your lectures! We have learned so much with you as an instructor. Your test questions are the closest we have had to actual COMLEX questions, so although people think they are hard, I think they will be much more prepared for COMLEX. Thank you so much for being so respectful to students, also. We really appreciate that you do not talk down to us or treat us like we are prisoners. We really do appreciate you more than you know!
4. Powerpoint slides have way too much information for them to be considered effective learning tools. I feel like she's training us as pathology residents as opposed to giving us an understanding of the subject so that we can build off it. I wonder about content because the board review exam material that I've read has stated specifically that Step 1 of board examinations will not ask you to stage/grade any tumors/cancers. Dr. Hayes had an exam question that asked us to do this. I take issue with this.
5. Information she provides is good. Knows her stuff. Weaknesses: Powerpoint (which I like) is somewhat dense making it difficult to extrapolate the most important information. She does point out everything on the slides (the histological images), but it is sometimes difficult to see how it progresses sometimes.
6. Talks very fast through the information but is always willing to answer questions and clarify or meet outside of class which is much appreciated.
7. Teaches by encouragement.
8. a) Very knowledgeable. Gives clinically relevant material.
b) Tendency to go off course during lecture - PPTs are sometimes incoherent.
c) Stay on topic!!!
9. She is sometimes funny. Slides too full of material from a million different sources. She refuses to use our text, and fills her notes full of weird abbreviations and charts with diseases that aren't even covered in our text. We did terrible on her first test, and all of the blame was put on us.
10. Dr. Hayes knows her stuff. She is in a good mood every time I see her. Criticism from students is taken very well, and cares what we think or how we feel about class issues.
Being a new instructor, I feel like she puts too much information/detail about each disease in her notes. This is the first time we have seem most of the material we are learning; trying to learn too much information at once can negatively impact how much we retain about each disease. Try to limit material just a little bit here and there. Also try to figure out a way to even out difficulty of material among each of the blocks over the semester.
11. Cover materials that is too in depth for a medical pathology class. We are not trying to be pathologists but the tested materials and information given goes beyond what is expected of us.
12. Good lecturer

13. Dr. Hayes' portion of the class seems to overdo the relevance of small detail in lecture and on exams. Her questions addressed STRONG detail that would truly only be required knowledge in a residency or PhD program. Because of this, students are forced to unevenly balance their study time between classes.
14. Dr. Hayes teaches material from a book that we don't even have access to. Enough said.
15. a) Dr. Hayes is a wonderful teacher, and you can tell that she is very enthusiastic about path. She brings to class her own clinical experiences.
b) Sometimes I feel that she may go way more in depth than what we need in a pathology course, but I know that it's because she wants us to succeed on boards and she wants to make sure she covers everything.
c) I wish we still had the flipped classroom style. I felt that I had to be on my toes at all times in Dr. Myers' class and it kept me more prepped on the material. But overall, Dr. Hayes is a great teacher.
16. As a student who learns a lot from lecturing, I highly enjoyed Dr. Hayes' lectures. Powerpoints are well organized and key points highlighted. Jokes and funny comments during lecture keep my attention. Very kind and respectful to students. Keep up the great work!
17. I do really appreciate how she went through the test questions after the test with us. She treated us respectfully and listened to our reasoning. She did not yell at us. It means a lot when a teacher treats us as equals. Thank you. During class she kind of gets side tracked talking with individual students about random things. It is a little distracting and confusing and makes it hard to follow.
18. I think she's great and I think a big part of the problem with first exam is the very large difference between the two professors. I can't think of anything in particular that needs to be changed.
19. In regards to Dr. Hayes, I thoroughly enjoy her as a teacher and I think she does great! I just feel she dwells on details that excite her, but that no one else seems to care about.
20. Classes seems to focus around materials beyond our upcoming boards and the basic material that other resources at seem to agree upon. Class adds little understanding to the subject matter.
21. a.) Dr. Hayes is an excellent professor who gives interesting lectures while prompting student discussion. She frequently includes humor in her lectures which helps to keep us alert, focused, and entertained. Also, she enjoys being available to answer students' questions outside of class. She also has a way of helping to teach difficult concepts in a way that is easier for us to understand. b.) I wish she would have been able to teach more of the pathology course.
22. Everyone is getting lost in the details. I am losing sight of the forest in all the trees. I don't think a 1st year pathology resident knows the detail we are required to learn. I understand that your teaching method includes giving students as much information as possible, so that whatever board's throws at us we can say that we have seen it. Seeing the information is different than knowing the information. The amount of detail is not feasible at our level. Why did we switch to big Robbins? I would rather learn what is in basic Robbins and know that material REALLY WELL than just flying thru twice as much information and not retaining much of it. I don't feel that as a student I don't have the knowledge to say you cover too much information, but when I look for outside resources to help me understand the information, a lot of the detail you cover is not in these resources (and I am not just talking about super high yield review books). The first test I

- felt like focused on the minute details of the slides rather than testing if I understood the concepts.
23. a) Very thorough
b) Probably too thorough for Step 1
c) Please stop referring to cancer (you know that thing that kills people) and venereal diseases as "cute"
 24. Material is covered in a depth that exceeds beyond what I find in board review. Course is hard to follow due to the depth.
 25. a) Very enthusiastic and seems to really enjoy being in class.
b) The lectures are entirely too dense. There is an overwhelming amount of material in the lectures which make them very hard to even read or understand. Many students that I have talked too also felt very lost in the powerpoints because it was very hard to decide what to focus on or what was the big picture. I've showed some of the lectures to various physicians and they were astounded at how much "extra detail" were in the lectures. Some physicians felt as though 2 weeks of class time would be necessary to cover the amount of material that we covered in 2 hours. Because the lectures are so dense, I primarily study from first aid and pathoma because they are much easier to follow. With that I still have an A in this course.
c) Cut down the material on the lectures.
 26. I know we have only had one exam administered by her, so maybe it was the exception rather than the rule, but the reproductive cancer section was a little... information dense. While I know the cytological and histologic information she tried to teach us is critical to pathologists, I am unsure that it is at the same level -- at a low enough level -- for what we need to know for our boards and rotations, especially if we do not have any plans to go into pathology.
 27. Too many details in lectures and powerpoints. The breadth of material is too much for an integrated exam style, and the big picture important points are not emphasized or tested.
 28. Too much irrelevant material on slides. It takes about 20 minutes to master 1 slide and there's about 100 of them per Powerpoint. Very inefficient and time consuming and not relevant material for COMLEX. Mostly time consuming unnecessarily
 29. Very enthusiastic and encouraging b) ppt writing. busy slides
 30. a) Hayes seems to really care about the students!
b) Powerpoint slides are covered in so many details. For me, it is very overwhelming and hard to really understand what the focus and major points are of each topic. I would rather have more slides, and one topic per slide -- to help with some of the confusion. Maybe this way I could somewhat get a big picture before I learn all of the tiny details. I feel like the only way to pass is to memorize 50 details/topic that none of us will remember in a month, let alone next year when it really matters. And this is disappointing because I think all of us are really trying to learn this stuff for life. We understand that this is being taught at a higher level, but sometimes it just needs to be broken down to our level so that we are not completely lost.
c) It would be so helpful to discuss logically the reasoning of why all of these effects are happening in the body and tie it together, so I could think through it and understand the disease!
 31. Dr. Hayes definitely desires for students to learn about pathology. However, it seems as though the level of content is that of pathology residents. I think it would be beneficial to focus on more specific things that are necessary to learn as 2nd year medical students taking into consideration

our knowledge base, the volume of information and especially now with integrated exams the concise way for which information is presented.

32. Please make sure that you have all power points uploaded by the beginning of each block.
33. a) Good teacher, knowledgeable, can lecture interactively
b) While I know I need to know a huge amount of information, I feel as though trying to force us to learn on a "pathologist's level" at this time is actually more detrimental. The foundation needs to be there... medicine is designed with specialties because no one can know everything. I am not saying that we need a only a "board review coarse" but, there needs to be a little less information on the slides and what is taught in class. Overall it would facilitate a better knowledge base and create a better foundation to learn upon, once the foundation is there we can build upon it with more details.
34. Effective use of questioning where questions are appropriate level of difficulty and then gives just enough time for one to think before giving answer. There is no reprimanding or belittling when a wrong answer is given. This is the sign of a true educator who acts more of a coach than someone dictating arbitrary information. The use of analogies also has been useful so far. The organization of slides has improved from the first powerpoint and errata are quickly addressed. Weaknesses include sometimes going too far off topic sometimes when lecturing. This is fine if used to relate information but should not be done too much. This is minor and for the lecturer to become stellar, the lecture should continue at a constant pace. Some lectures have exhibited a great pace, which shows that the lecturer is improving.
35. a) overall, very approachable and very nice
b) includes too many details in her lectures which makes it hard to focus on the big picture
c) at the time of this writing, her powerpoints are much easier to follow and learn from. I still have to spend extra time and effort to figure some annotations out from her slides.
36. Very much enjoy Dr. Hayes's enthusiasm and energy, definitely makes the class enjoyable. She engages us, the students. As a student, it's difficult to memorize each and every description, but having Dr. Hayes talk about the pathophysiology has made disease processes understandable to a point. The most difficult part of her lectures are that her powerpoints are too dense. There is too much information in one slide. To make the information more digestible, please consider dividing each slide up by concepts. For instance, if the topic is Page disease of the bone, one slide should etiology, next symptoms,
37. Dr. Hayes really needs to make her lectures more clear. I feel like I am doing a PhD in the topics she lectures. With Dr. Hayes, when I do pathoma, I don't cover even 30% of her lectures. Thus it makes me wonder how much extra material I am learning that won't be on the COMLEX. She needs to focus on the important pathology and really make her lectures shorter. Her ppt slides are extremely busy and hard to follow because there is so much information crammed into one slide. Also she often contradicts herself in her lectures and confuses students immensely. Her test questions don't reflect the important things in her ppts or rather she doesn't emphasize the testable points.
38. Very receptive to student concerns. I like how she restructured her PowerPoints to make them more organized and easier to study after our first exam.
39. I like Dr. Hayes a lot. She clearly loves this topic and her lectures are engaging and informative I think she is a bit disrespectful towards students sometimes but it's hardly the same level of other professors. It tends to be funny but sometimes at the expense of classmates (in her

defense she usually recognizes she toed the line and apologizes). I think her tests are unfair. Very few of us are going to be pathologists and I feel like I'm being demanded to know the level of detail that a pathology student would. I get that Dr. Hayes really likes cytopathology (I imagine that's why she went into the field) but it's a little much. We have boards at the end of the year and we need to learn this stuff for the class at a much higher level than for boards and I see that as a bit of a waste of time.

40. Dr. Hayes instruction is thorough and she has given us many memory tools that I believe will benefit me in the future. She seems genuinely concerned with our understanding of the material.
41. Although Dr. Hayes is friendly and amicable, I find her instruction lacking. She just reads from her slides, which are over packed with information. There is often no context offered for material. Essentially she is just reading material from a book and making us memorize it. I can read on my own, I would rather spend class time with more productive discussion of disease processes, instead of generally surveying material.
42. Dr. Hayes makes sure that all student questions are answered.
43. Power points are too detailed with more information than most people who go into most specialties will likely need. Classroom instruction is interactive and engaging. Tests are extremely difficult. My inclination is that 2nd semester grades will be much lower.
44. Dr. Hayes speaks with wisdom that one can only get from experience.
45. Is unable to always effectively clarify subject matter.